## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 33904

. CLAIMS AS FILED - PART I  (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			14					RATE	FEE	] 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ľ	BASIC FEE	<del>                                     </del>	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		• 4		Ì	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		* 4		ł	X40=		1	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	EPENT			7	Ì		<u> </u>	OR		-1
* If the difference in column 1 is less the				s than zero, enter "0" in col			Ì	+135=		OR	+270=	270
			MENDED - PART II					TOTAL		OR	TOTAL	TUAN
		(Column 1)	MAIFIARE	(Colur	mn 2)	(Column 3) SMA			ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. /4	Minus	** .		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	***	TOL AIAA	=		X40=	-	OR	X80=	
	FINO! FNESE	NIATION OF WI	JLIIPLE DEF	ZENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL ADDIT, FEE			TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								(DDII. I LL		٠. '	NDUH. FEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	COL ALIA	]=		X40=		OR	X80=	,
	FIRST PRESENTATION OF MULTIPLE DEPEN				NDENT CLAIM			+135=		OR	+270=	
					L	TOTAL DDIT. FEE			TOTAL ADDIT. FEE			
		(Column 1)		(Colur		(Column 3)	. ^	OUII. FEE		,	ADDII. FCC	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
AME	Independent	*	Minus	***	T OL ALBA	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						F	+135=			+270=	
: 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL	
***	If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pai	aid For" IN THI	S SPACE i	is less tha	n 3, enter "3."		DDIT. FEE <b>L</b> nd in the app			ADDIT. FEE	